

CLAIMS PROCESSING PROCEDURES

SECTION	SUBJECT
1	GENERAL <ul style="list-style-type: none">1.0. Purpose2.0. Who May File A Claim3.0. TRICARE Claim Forms
2	CLAIMS RECEIPT AND CONTROL <ul style="list-style-type: none">1.0. Receipt2.0. Control
3	JURISDICTION <ul style="list-style-type: none">1.0. Prime Enrollees2.0. All Other TRICARE Beneficiaries3.0. <i>TRICARE Senior Pharmacy Program</i>4.0. Supplying Out-Of-Area Provider Information5.0. Out-of-Jurisdiction Claims
4	CLAIMS FILING DEADLINE <ul style="list-style-type: none">1.0. Time Limitations on Filing TRICARE Claims2.0. Exceptions To Filing Deadline3.0. Time Limitations For Exceptions
5	SIGNATURE REQUIREMENTS <ul style="list-style-type: none">1.0. Beneficiary, Spouse, Parent Or Guardian Signature2.0. Privacy Act Requirements3.0. Beneficiary Is Under 18 Years Of Age4.0. Beneficiary Is 18 Years Of Age Or Older (Incompetent Or Incapable)5.0. Beneficiary Deceased6.0. Beneficiary Signature On File7.0. Unacceptable Signatures8.0. Beneficiary Signature Waiver9.0. Provider Signature
6	AUTHORIZATIONS <ul style="list-style-type: none">1.0. General2.0. Program For Persons With Disabilities3.0. Hospice Programs4.0. Psychiatric Residential Treatment Centers5.0. Grandfathered Custodial Care Cases6.0. Failure to Comply with Preauthorization - Payment Reduction
7	CLAIM DEVELOPMENT <ul style="list-style-type: none">1.0. General2.0. Review Requirements

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- 8 OTHER CLAIMS PROCESSING REQUIREMENTS**
 - 1.0. Automated Eligibility, Deductible, And Claims History Data Requirements
 - 2.0. HCPCS Coding - Outpatient Therapies
 - 3.0. Health Care Service Record Detail Line Item - Combined Charges
 - 4.0. Relationship Editing For Accuracy Of Data Input
 - 5.0. Payment To Provider Or Beneficiary Is 99 Cents Or Less
 - 6.0. Undeliverable/Returned Mail
 - 7.0. Claims Splitting
 - 8.0. Pharmacy Data Transaction Services (PDTS)
 - 9.0. Former Spouses With Pre-Existing Conditions
- 9 CLAIMCHECK**
 - 1.0. Rebundling Of Procedures - Claims Subject To Claimcheck
 - 2.0. Allowable Charge Reviews
 - 3.0. Postimplementation Provider Notification
 - 4.0. Procedure Code Accuracy
 - 5.0. HCSR Reporting Requirements
 - 6.0. EOB Message Requirements
 - 7.0. Quarterly Rebundling Summary Report
- 10 APPLICATION OF DEDUCTIBLE AND COST-SHARING**
 - 1.0. Claim Order For Applying Deductible
 - 2.0. Deductible Documentation
 - 3.0. Central Deductible And Catastrophic Cap File (CDCF)
 - 4.0. Adjustments And Recoupments
 - 5.0. Claims With Negotiated Rate Agreements
- 11 EXPLANATION OF BENEFITS (EOBs) SUMMARY VOUCHERS**
 - 1.0. Explanation Of Benefits (EOB)
 - 2.0. Summary Voucher Information
 - 3.0. Explanations Of Differences Between Billed And Allowed Amounts
- 12 DUPLICATE PAYMENT PREVENTION**
 - 1.0. Automated Duplicate Checking - Individual Providers
 - 2.0. Automated Duplicate Checking - Institutional Providers
 - 3.0. Manual Duplicate Checking (Clerical Review)
 - 4.0. Place Of Service/Type Of Service Categories
- 13 AUTOMATED TRICARE DUPLICATE CLAIMS SYSTEM**

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ADDENDUM A - FIGURES

- Figure 8-A-1 - DD Form 2642
- Figure 8-A-2 - Suggested Letter Informing The Beneficiary Or Participating Provider Of The Transfer Of Claim(s) To The Correct Contractor
- Figure 8-A-3 - Suggested Letter Informing The Beneficiary Of The Transfer Of Part(s) Of Claim(s) To The Correct Contractor
- Figure 8-A-4 - Suggested Letter Informing The Claimant That Claim For Active Duty Member Has Been Forwarded To The Appropriate Uniformed Service
- Figure 8-A-5 - Verification Of Eligibility, CHAMPUS Form 88R
- Figure 8-A-6 - Provider's Notarized Facsimile Or Stamp Signature Authorization
- Figure 8-A-7 - Provider's Notarized Signature Authorization
- Figure 8-A-8 - Non-Availability Statement, DD Form 1251
- Figure 8-A-9 - Abortion Denial Notice To The Beneficiary And Participating Provider
- Figure 8-A-10 - Suggested Format For Information Obtained From Existing File Data Or By Telephone
- Figure 8-A-11 - Sample Format For Quarterly Rebundling Report

